
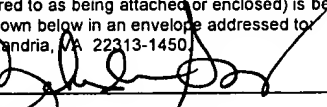


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 393032025900	
Application Number 09/882,721		Filed June 15, 2001	
For CONTENT DISTRIBUTION SYSTEM; CONTENT DISTRIBUTION METHOD; DISTRIBUTION SERVER, CLIENT TERMINAL, AND PORTABLE TERMINAL USED IN THE SYSTEM; AND COMPUTER READABLE RECORDING MEDIUM ON WHICH IS RECORDED A PROGRAM FOR OPERATING A COMPUTER USED IN THE SYSTEM			
Art Unit 2143		Examiner Phuoc H. Nguyen	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,231</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
		September 6, 2006	
Signature		Date	
Mehran Arjomand		(213) 892-5630	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

09/11/2006 MGBREM1 0000066 031952 09882721

02 FC:1252 450.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV840657738US, on the date shown below in an envelope addressed to MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: September 6, 2006	Signature:  (Melody Y. Green)